



For immediate release: A Community-Based Report on Alberta's Supervised Consumption Service (SCS) Effectiveness

August 22, 2019

Alberta's community-based response to the opioid overdose crisis is working. Turning back the clock at this critical moment would have devastating impacts on the lives of Albertans.

The Alberta Community Council on HIV (ACCH) is publicly releasing **"A Community-Based Report on Alberta's SCS Effectiveness"** for submission to the SCS review committee. The report compiles new data, never released publicly until now, for all Albertans to review.

The report details several new and important findings that should take centre stage in the discussion about SCS in Alberta, including:

- A significant decline in recent opioid-related deaths (24%), emergency department overdoses (23%), EMS responses (14%) is attributable to the harm reduction strategies.
- SCS staff have responded to 4,305 overdoses and no one has died.
- SCS staff have averted 3,709 EMS calls (89% of all overdose events do not require a 911 call), and now this is showing up in declining emergency response data.
- Over 10,000 referrals to addiction and treatment services. Barriers to detox, in-patient treatment, and opioid agonist therapy (methadone and suboxone) limit the impact of referral.
- Needle debris is declining since SCS implementation. Edmonton saw a 48% drop in needles after the SCS opened, and since opening SCS in ARCHES (Lethbridge) the needle return rate has increased 83%. All agencies have implemented drug debris pickup programs.
- Data from the Crime Severity Index (CSI) in each impacted city shows that crime is a complex issue pre-dating the SCS, which has become a convenient scapegoat.
- SCS has undergone rigorous economic analysis, finding that it saves approximately \$5 dollars for every dollar spent. The report compiles peer reviewed cost-savings publications that should guide the economic analysis in the SCS review.

SCS didn't cause Alberta's crime, infection outbreaks, opioid crisis, meth epidemic, and needle debris problems. It is a best-practice response to multiple public health crisis, based on compelling evidence (1,658 needs assessment surveys) collected as part of the SCS implementation process. What will happen to the 1,800 unique users of SCS if its closed? What about people who need the proposed sites in Calgary, Red Deer and Medicine Hat? Results are predictable: more people will die, use drugs in public, leave drug debris in parks, share needles, and less people will access treatment and referral services.

The SCS review committee must consider the *unintended consequences* to community and businesses of closing current and proposed SCS locations. We will be right back where we were a couple years ago, and all the progress made will be lost. Crime, addiction, needle debris, and a contaminated drug supply (i.e., fentanyl) will continue, with or without SCS. With SCS we have a chance to save and improve a life each time a person enters the health service.

Celeste Hayward
Executive Director, ACCH



Media Inquiries

ACCH (Provincial)
Celeste Hayward, Executive Director
chayward@acch.ca

Edmonton (AMSISE) SCS locations
Elliott Tanti
etanti@boylestreet.org

ARCHES (Lethbridge)
Jill Manning, Director of Operations
jmanning@lethbridgearches.com

North Reach (Grande Prairie)
Melissa Byers, Executive Director
director@northreach.ca

Turning Point (Red Deer)
Stacey Carmichael, Executive Director
stacey.carmichael@turningpoint-ca.org